

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8	7					
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17	0					
18	0					
19	0					
20	0					
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	28	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]